SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 832 / 1408 (check only one)    X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  NATIONAL REPUBLICAN CONGRE	ne name and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) DR. LOUIS PAU Mailing Address 921 SW 37TH ST. ST  City TOPEKA  FEC ID number of contributing federal political committee.  Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	TE. E  State KS  C  Occupation PHYSICI		Date of Receipt    M M
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) LEV PAUKMAN Mailing Address 400 AVENUE X			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11.13050349
BROOKLYN  FEC ID number of contributing federal political committee.	C	11223-6008	Amount of Each Receipt this Period  300.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  Primary General Other (specify) ▼		n ATION REQUESTED PER E Year-to-Date ▼ 300.00	CONTRIBUTION BEST EFFORTS
Full Name (Last, First, Middle Initial) DR. DEV PAUL			Date of Receipt
Mailing Address 4700 HALE PKWY STE. 400			08 / 13 / 2009
City	State Zip Code		Transaction ID: SA11.13067708
DENVER FEC ID number of contributing federal political committee.	C	80220-4051	Amount of Each Receipt this Period  300.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For:  ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation PHYSICI Aggregate		CONTRIBUTION
SUBTOTAL of Receipts This Page (optional)			900.00